Pennsylvania Department of Health

PLAN OF CORRECTION (POC) IDE		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390198		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/31/2023	
NAME OF PROVIDER OR SUPPLIER: MILLCREEK COMMUNITY HOSPITAL STATE LICENSE NUMBER: 570101			STREET ADDRESS, CITY, STATE, ZIP CODE: 5515 PEACH STREET ERIE, PA 16509				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CX5) COMPLETE DATE		COMPLETE	
P 0000	This report is the result of an unannounced complaint investigation (CHL23C244A) co on May 15, 2023, at Millcreek Community Hospital, with additional documentation rev concluding on May 31, 2023. It was detern that the facility was in compliance with the requirements of the Pennsylvania Departments of the Pennsylvani		ompleted view mined e ent of als, 28 PA	P 0000			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	IATURE		TITLE:	(X6) DATE:	

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Certified End Page

MILLCREEK COMMUNITY HOSPITAL

STATE LICENSE NUMBER: 570101 SURVEY EXIT DATE: 05/31/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY